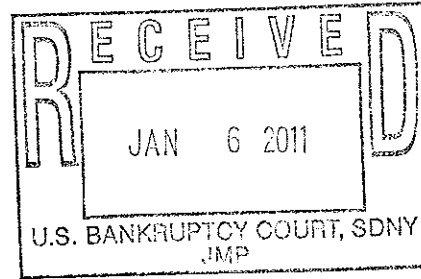


228 East 25<sup>th</sup> Street, Apt. 7  
New York, NY 10010

January 5, 2011



Honorable James M. Peck  
One Bowling Green  
New York, NY 10004  
Courtroom 601

Honorable James M. Peck,

As per notice received regarding claims against Lehman Brothers Holdings Inc., et al- the following information is provided as a basis for my objection to the Seventy-Third Omnibus Objection to Claims (To Reclassify Proofs of Claim As Equity Interests):

Item (i) a caption setting forth the name of the Bankruptcy Court, the names of the Debtors, the case number and the title of the Objection to which response is directed

Response:

United States Bankruptcy Court Southern District of New York  
In re: Lehman Brothers Holdings Inc., et al., Debtors  
Chapter 11 Case No. 08-13555(JMP)  
Seventy-Third Omnibus Objection to Claims (To Reclassify Proofs of Claim As Equity Interests)

Item (ii) the name of the claimant and description of the basis for the amount of the claim

Response:

Susan Walsh  
Claim Number 25242  
Employee compensation received in the form of Restricted Stock Units ("RSU"s)

Item (iii) a concise statement setting forth the reasons why the claim should not be reduced or reclassified for the reasons set forth in the Objection, including, but not limited to, the specific factual and legal bases upon which you will rely in opposing the Objection

Response:

The RSU's received was part of a contingent deferred compensation plan. As such employees had no choice but to receive RSU's as opposed to cash compensation. Since the RSU's were technically compensation for services rendered they should not be reclassified as equity interests.

Item (iv) all documentation or other evidence of the claim, to the extent not included with the proof of claim previously filed with the Bankruptcy Court or provided to the Debtors in response to the Derivative Questionnaire and/or the Guarantee Questionnaire (as defined in the order, dated July 2, 2009, establishing the deadline for filing proofs of claim, approving the form and manner of notice thereof and approving the proof of claim form [Docket No. 4271]), upon which you will rely in opposing the Objection

Response:

All documentation previously supplied

Item (v) the address(es) to which the Debtors must return any reply to your response, if different from that presented in the proof of claim

Response:

Susan Walsh  
228 East 25th Street, Apt. 7  
New York, NY 10010

Item (vi) the name, address, and telephone number of the person (which may be you or your legal representative) possessing ultimate authority to reconcile, settle, or otherwise resolve the claim on your behalf

Response:

Susan Walsh  
228 East 25th Street, Apt. 7  
New York, NY 10010  
212-685-0070

Very Truly Yours,

A handwritten signature in black ink, appearing to read "Susan Walsh", with a stylized flourish at the end.

Susan Walsh

# PROOF OF CLAIM

United States Bankruptcy Court/Southern District of New York  
Lehman Brothers Holdings Claims Processing Center  
c/o Epiq Bankruptcy Solutions, LLC  
FDR Station, P.O. Box 5076  
New York, NY 10150-5076

In Re:  
Lehman Brothers Holdings Inc., et al.  
Debtors.

Chapter 11  
Case No. 08-13555 (JMP)  
(Jointly Administered)

Name of Debtor Against Which Claim is Held

Case No. of Debtor

Lehman Bros. Holdings Inc. 08-13555(JMP)

UNIQUE IDENTIFICATION NUMBER: 1000245341

Filed: USBC - Southern District of New York  
Lehman Brothers Holdings Inc., Et Al.  
08-13555 (JMP) 0000025242



NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

LBH (CREDITOR.DBF,CREDNUM)CREDNUM # 1000245341\*\*\*\*\*  
WALSH, SUSAN  
228 EAST 25TH STREET  
#7  
NEW YORK, NY 10010

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim

Number:

(If known)

Filed on:

212-685-0070

susan.walsh@gmail.com

Telephone number:

Email Address:

Name and address where payment should be sent (if different from above)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

Telephone number:

Email Address:

1. Amount of Claim as of Date Case Filed: \$ 4,000

If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete Item 5.

If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9), complete Item 6.

☐ Check this box if all or part of your claim is based on a Derivative Contract.\*

☐ Check this box if all or part of your claim is based on a Guarantee.\*

\*IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <http://www.lehman-claims.com> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <http://www.lehman-claims.com> if claim is based on a Derivative Contract or Guarantee.

2. Basis for Claim: ERISA Employee 401(k) Plan  
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 4452

3a. Debtor may have scheduled account as:

(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other

Describe:

Value of Property: \$ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim, if any:

\$ Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$  
(See instruction #6 on reverse side.)

7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.  
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date:

9/14/09

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

SUSAN WALSH

Susan Walsh

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( ).

Amount entitled to priority:

\$

FOR COURT USE ONLY

FILED / RECEIVED

SEP 21 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

## Summary

[Print](#)Account: **LEHMAN SAVINGS (74452)**

Data as of 09/11/2009

**Take stock of your situation  
before you take action.**In less than 20 minutes, you can  
evaluate your strategy.☒ [Use Portfolio Review](#)

<b>Investments</b>	<b>Sources</b>	<b>Asset Classes</b>	<b>Year-to-Date Change</b>
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[Back to View Investments](#)**Cost Basis and Equivalent Shares**


View cost basis and equivalent shares information for your company stock investments.

**Cost Basis for Company Stock Investments**

	Balance	Shares or Units †	NAV	Cost Basis
<b>Stock Investments</b>				
<u>LEHMAN BROTHERS STK</u>	\$11.56	196.364	\$0.05	\$3,999.94

☒ [View Equivalent Shares](#)

Balances and prices are subject to nightly account updates.

†[View your short term and long term shares.](#) 

Questions? Call (866) 534-6266

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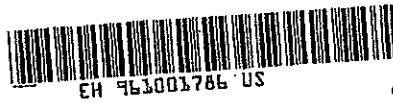


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IA=1 SZ=3 FL=1



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Label 11-B, March 2004

Post Office To Addressee

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10010	<input checked="" type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Day	\$ 13.05	
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee	
9/18/09	9/19		
Time Accepted	Scheduled Time of Delivery	COO Fee	Insurance Fee
17:07	<input checked="" type="checkbox"/> AM <input type="checkbox"/> 3 PM	\$	\$
Rate <input type="checkbox"/> or Weight	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees	
3 oz.	Int'l Alpha Country Code	\$ 13.05	
	Acceptance Emp. Initials		
FROM: (PLEASE PRINT) PHONE ( ) 212 685 0070			
SUSAN WALSH 228 E. 25th St. NY, NY 10010			
FOR PICKUP OR TRACKING Visit <a href="http://www.usps.com">www.usps.com</a> Call 1-800-222-1811			

DELIVERY (POSTAL USE ONLY)			
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
CUSTOMER USE ONLY			
PAYMENT BY ACCOUNT Express Mail Corporate Acct. No.		<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer recovers waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.	
Federal Agency Acct. No. or Postal Service Acct. No.		NO DELIVERY: <input type="checkbox"/> Hold <input type="checkbox"/> Return to Sender <input type="checkbox"/> Mailer Signature	
TO: (PLEASE PRINT) PHONE ( )			
Epic Bankruptcy Solutions, LLC Attn: Lehman Bros. Holdings Claims Processing, 3rd Fl. NY, NY 10077-3200 Ave.			
ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)			
10017-2013			
FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.			

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